(NPS Form 10-930) (NEW 10/00) (OMB No. 1024-0026) (Expires 12/31/2006)

National Park Service Great Smoky Mountains National Park

107 Park Headquarters Road Gatlinburg, TN 37738

Application for Special Use Permit

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information**. Allow at least four (4) business days for processing. A non-refundable processing fee may be required to accompany this application unless the requested use is an exercise of a First Amendment right. You will be notified of the disposition of the application and the necessary steps to secure your final permit. (Note: There may be additional fees charged, and you **may** be required to provide proof of liability insurance.)

Applicant Name:			Organization Name:				
Social Security #:		Tax ID #:					
Street/Address:			Street/Address:				
City/State/Zip Code:		City/State/Zip Code:					
Telephone #:			Telephone #:				
Cell phone #:			Cell phone #:				
Fax #:			Fax #:				
Email:			Email:				
Description of Prop	osed Activity (include o	diagram if appropriat	te)				
Complete as applica	able to the proposed ac	tivity:					
Requested Location		•					
Date(s) Requested:	-						
Times Required:	Event set up begins	Event begins	3	Event ends	Rer	noval com	pleted
Maximum Number	of Participants (best est	timate)					
Maximum Number	of Vehicles (attach parl	king plan)					
Support Equipment	(list all equipment)						
Support Personnel (contractors, etc. includi	ing addresses and tel	ephones)			
Individual in charge	e of event on site (include	de address, telephone	e and cel	l phone numbers):			
					-		
T .11	CE: A 1 A	1 . 0				YES	NO
Is this an exercise of First Amendment Rights?							
Are you familiar with/ have you visited the requested area? Do you plan to advertise or issue a press release?							
Will you distribute		104301					
		attempts to disrupt, p	protest o	r prevent your event? (if	yes		
on separate sheet)							
Is the applicant a non-profit organization? Will the non-profit organization derive taxable income from activities in the Park?							
Will the non-profit	organization derive taxa	able income from act	tivities ii	the Park?			
	his or her signature ce g information or false			tion given is complete en.	and cor	rect, and t	hat no
SignatureDate							

Information provided will be used to determine whether a permit will be issued. Unless the cover letter that you received with this application stated otherwise, this completed application must be accompanied by an application fee in the form of a cashiers check or money order in the amount of \$50.00 made payable to **National Park Service**. Application and administrative charges are non-refundable. This completed application should be mailed to:

Attention: Special Use Permits Great Smoky Mountains National Park 107 Park Headquarters Road Gatlinburg, TN 37738

For events in North Carolina, mail to: Attn: Special Use Permits Great Smoky Mountains National Park 60 Enloe-Floyd Bottoms Road Cherokee, NC 28719

Note that this is an application only, and does not serve as permission to conduct a filming project or any other use of the park. If your request is approved, a permit containing applicable conditions and regulations will be sent to the person designated on the application. The permit must be signed and returned to the park prior to the event.

Paperwork Reduction Act Statement: This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 30 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service, Special Park Uses Program Manager, 1849 C Street NW (2460), Washington, D.C. 20240.

10-930 GRSM Wedding Supplement

This form is designed to assist people in submitting all necessary information relative to an application for a wedding or related event in the Park. There is no need to list information here if it is included on the first page of the application. The failure to provide all necessary information may result in denial of the permit or in a delay in issuing the permit.

The bride:		
Name :		
Mailing address:		
Telephone number/s	s:	
Fax:	Email:	
The groom: Name:		
	s:	
Fax:	Email:	
Name:	a commercial wedding planner) ty:	
	or both the wedding ceremony and wedding photographs but the photograph cation/date/time than the wedding ceremony, please list the location/date/time	
Receptions ¹ If you plan to hold a re	eception in the park, list the location/date/time and anticipated attendance:	
If using a pavilion, ha	ve you made the reservation? Yes No	
If you plan to use a ca	terer, please list the caterer's name, address and phone number:	

¹ Not applicable to events planned by a commercial wedding planner.

<u>Transportation arrangements</u>
Please consult the Park's policy with respect to the maximum number of people and cars at specific ar
If your plans call for more people than can reasonably be transported by the number of cars allowed,
please describe how you intend to get participants to the event location:
Commercial vendors: (if appropriate):
Vendor 1
Service: □ Planner/officiant □ Photography □ Limo/transport □ other
Business name:
Commercial Use Authorization no. <u>CUA-GRSM-5300-</u>
Vendor 2
Service: □ Planner/officiant □ Photography □ Limo/transport □ other
Business name:
Commercial Use Authorization no. CUA-GRSM-5300-
Vendor 3
Service: ☐ Planner/officiant ☐ Photography ☐ Limo/transport ☐ other
Business name:
Commercial Use Authorization no. CUA-GRSM-5300-
Commercial Use NationZation no. CON GROW 3500
Vendor 4
Service: Planner/officiant Photography Limo/transport other
Business name:
Dusiness name.

Commercial Use Authorization no. <u>CUA-GRSM-5300-</u>